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Abstract 688

TITLE: Factors Related To HIV Risk: Predictors Of Risky Sexual Behavior Patricia A. Lee, Ph. D., University of California San Francisco **AUTHORS:** Patricia A. Lee, Ph.D., University of California San Francisco

BACKGROUND/OBJECTIVES: According to the World Health Organization, by the year 2000, women will account for most of the new AIDS infections. The purpose of this study was to investigate the relationship of childhood sexual abuse (CSA) and family environment (FE) to risky sexual behaviors in women as mediated by adult functioning and various relationship variables. Considering that previous research has suggested that powerlessness is an important factor to investigate when researching women's risk for HIV, a powerlessness model was tested using various samples. This model hypothesized that when looking at HIV risk powerlessness played a mediation role between CSA and FE and the other mediators (i.e., adult victimization, condom assertiveness, dissociation, and anticipated partner reaction). This same model was tested in the total sample, a non-minority sample, a sample of women from a Family Planning Clinic (FPC), and a sample of women from a Primary Medical Care Clinic (PMCC).

METHODS: Women from both the FPC and the PMCC were given questionnaires while waiting for their appointments. The total sample was 268 women. Survey data was analyzed using Structural Equation Modeling (SEM) in LISREL to determine model fit.

RESULTS: The mean age was 23 years for FPC and 32 years for PMCC. Ethnic diversity varied depending on site, with 86% of FPC and 49% of PMCC being Caucasian. Using SEM, the hypothesized model for the total sample had an excellent overall fit: x^2 (240)=396, Comparative Fit Index (CFI) =.94, and Root Mean Square Residual (RMSR)=.06. All of the factors were significantly related at the .01 or .001 level. All of the individual parameter estimates were significant at the .01 or .001 level. The Independent Variables (IVs) and mediators together accounted for 9% and 34% of the variance in partner risk and unprotected sex, respectively. The non-minority sample model had an excellent overall fit also; x^2 (240)=418, (CFI) =.90, and (RMSR)=.07. The (IVs) and mediators together accounted, respectively, for 7% and 27% of the variance in partner risk and unprotected sex. The model demonstrated poor fit in the other two samples, which may be attributed to the small sample sizes.

CONCLUSIONS: The results imply that powerlessness underlies the other mediators and that interventions that incorporate treatments to enhance women's sense of power in their sexual relationships will impact the other mediators as well. This study provides additional evidence of the relationship of CSA to HIV risk. Furthermore this study demonstrates a need to incorporate the impact of CSA on HIV risk into HIV interventions.

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